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Complete if Known Effective on 12/08/2004. 10/708,295 Application Number Filing Date 02/23/2004 For FY 2005 Chia-Liang Chiang First Named Inventor LE, DON P Exeminer Name Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2819 TOTAL AMOUNT OF PAYMENT: (S) 100 Attorney Docket No. REAPO015USA METHOD OF PAYMENT (check all that apply) _ Credit Card L JMoney Order L JNone L Other (please identify): Deposit Account Deposit Account Number: 50-3105 Deposit Account Namer_North America Intellectual Property Corp. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below ___ Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments of fee(s) WARNING: Information on this form may become public. Credit card information should not be included on this information and authorization on PTO-2018. ne public. Credit card information should not be included on this form. Provide cradit eard **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity Application Type Fee (\$) Fpq.(3) Fee (\$) Fees Paid (\$) Fee (\$) Fog.(\$) Fee (5) 300 - 500 Utility 150 250 200 100 200 100 100 130 Design 50 65 Plant 200 100 300 160 150 80 300 Reissue 150 500 250 600 300 200 **Provisional** 100 Û 0 0 ٥ 2. EXCESS CLAIM FEES Small Entity Fee (5) Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180 Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Total Claims 22 - 20 or HP = 2 x 50
HP = highest number of total claims paid for, if greater than 20 **= 100** Fee (\$) Fee Paid (S) Extra Claims Fee (E) Fee Paid (\$) Indep. Claims -3 or HP = X = X = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (S) Total Sheets Extra Sheata / 50 = _ (round up to a whole number) - 100 = Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITTED BY Registration No. 41,526 Wenton their Talephone 302-729-1562 Date 06/27/2005 Name (Print/Type) Winston Hsu

This collection of information is required by 37 CFR 1.135. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Abstanding, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS (SEND TO: Commissioners for Patentis, P.O. Blox 1450, Abstanding, VA 22313-1450.

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										Application or Docket Number			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
FOR NUMBER FILE			мим	NUMBER EXTRA		RATE	FEE		RATE	FEE			
BASIC FEE (37 CFR 1.16(a))									s	OR		\$	
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20		20 = .		7	X \$ =		OR	X \$ =	1	
	DEPENDENT CLA 7 CFR 1.16(b))	VMS	minus 3		3 = .			× \$=		OR	X \$ =	 	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ \$=		OR	+ 5 =			
• If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		OR	TOTAL		
CLAIMS AS AMENDED PART II											,		
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR		R THAN ENTITY	
AMENDMENT A		REM.	AIMS AINING TER DMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	(37 CFR 1.16(c))	ia	2	Minus	20	=2		x <u>\$ 25</u> =		OR	× : 50 =	100	
	(37 CFR 1.16(b))	<u> </u>	<u>3_</u>	Minus		=		x \$100 =		OR	x \$ <u>200</u> =		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$180 =		OR	+:360=		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	100pd	
	T	(Colur	nn 1)		(Column 2)	(Column 3)				-	'	1	
AMENDMENT B		CLA REMA AFT AMEND	TER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	<u> </u>		Minus	••	=		× \$25 =		OR i	x s 50 =		
	Independent (37 CFR 1.16(b))	<u> </u>		Minus	***	=		× \$ <u>100</u> =		OR	× \$200 =		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$ 180 =		OR	+\$340.=		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Colum			(Column 2)	(Column 3)					•		
AMENDMENT C		CLA REMAI AFT AMEND	INING ER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE '	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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	Independent (37 CFR 1.16(b))	•	<u> </u>	Minus	***	=	,	(s 100 =		OR	x \$200 =		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ <u>\$ 180</u> =		OR	+ \$360=		
									·	OR L	TOTAL ADD'L FEE		
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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